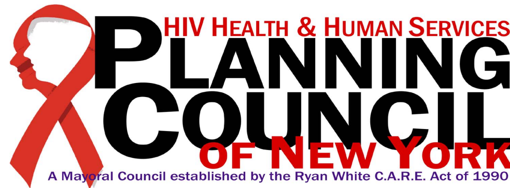


Meeting of the

HIV Health and Human Services Planning Council of New York

December 16, 2010
3:15-5:05 PM
AIDS Institute, 90 Church Street

M I N U T E S

Members Present: J. C. Park (Governmental Co-chair), M. Lesieur (Community Co-chair), M. Brooks (for M. Bacon), F. Carroll, N. Cataldi, G. DeYounge, J. A. Eddie, Y. Gephardt (for E. Viera, Jr.), M. Gilborn,, J. Gonzalez, A. Hardman, L. Hildebrand, DSW, J. Hilger, (for F. Laraque, M.D, M.P.H.), M. Hunt, K. Kaiman, I. Feldman), J. Lehane, Ph.D. (for T. Petro), K. Lindsey, D. Marcano, D. Marder, M.D., M. Piñón, F. Machlica (for L. Fraser), H. Mateo, G. Mercado, Pastor J. Payne, D. Rakower, L. Urbano (for S. Cahill, Ph.D.), A. Vergara

Members Absent: S. Adams, B. Backofen, V. Benadava, D. Bird, K. Clemons, J. Edwards, S. Gordon, T. Hamilton, S. Hemraj L. Freddy Molano, M.D., C. Shorter, D. Walters, S. Wayne

Staff Present: *DOHMH:* D. Klotz, D. Wong, N. Rothschild, E. Wiewel, H. Gortakowski; *Public Health Solutions:* R. Miller, G. Kaloo

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Park and *Mr. Lesieur* opened the meeting, followed by introductions.

Mr. Hardman led the moment of silence. *Mr. Klotz* read the rules of respectful engagement. *Mr. Park* reviewed the meeting packet.

The minutes of the November 18, 2010 meeting were approved with no changes.

Agenda Item #2: Public Comment, Part I

M. Gold: The Bronx AIDS Services food program is losing their Ryan White funding. This program feeds 500 PLWHA, and there is no other Ryan White-funded food pantry in the Bronx. The agency was told that they met the selection criteria but that there were not enough funds for an award. I encourage DOHMH to fund a program in the Bronx, where there is great need.

M. Rivera: I oppose any move to merge the Consumers Committee and PLWHA Advisory Group (AG). The two bodies have distinct roles and membership. The AG is an advocacy group with no conflicts of interest and is needed to allow PLWHA who may not have the qualifications for Consumers Committee membership to have a voice in the process. The AG has produced important work, which must continue.

G. Cruz: I am alarmed by the new DOHMH public service ad (PSA) currently running on television, which was created with no input from the Prevention Planning Group or its MSM workgroup. I support the Policy Committee letter that will be voted on later today asking that the PSA be pulled.

Agenda Item #3: HIV/AIDS Epidemiology Update

Ms. Wiewel gave an overview of HIV/AIDS epidemiology in New York City. NYC continues to have the highest

prevalence and second highest incidence of HIV infection among major cities in the US. While data shows a steady drop in new infections from 2005 (4,360) to 2009 (3,684), the 2009 data is not complete and the numbers are expected to rise. The number of people living with HIV/AIDS continues to rise and age, with the same pattern of incidence by neighborhood continuing for several years. Death rates are lower in one high incidence neighborhood (Chelsea-Clinton). It was noted that treatment guidelines have changed, with treatment recommended at <500 CD4, rather then 350. Given that treatment and suppressed viral load improves PLWHA health and decreases risk of transmission, it is important to encourage testing, promote timely linkage to HIV medical care and other forms of support after diagnosis, and to offer treatment earlier.

Ms. Gortakowski presented on new ways that the DOHMH HIV Epidemiology and Field Services Program is developing to provide more useful mapping of HIV in the City. Using population-based surveillance, while maintaining strict confidentiality, density maps can show, within a one-mile radius, concentrations of HIV infection among many populations. For example, the new mapping shows that HIV incidence among black men is significantly higher among black men who do not live in blacks neighborhoods. The mapping was also able to pinpoint a concentration among Latino, foreign-born MSM in western Queens. This kind of data can help tailor prevention and care strategies with more precision.

Highlights of the discussion and question and answer period:

- HIV was not reportable until a State law authorized it in 2000, which is why there is no HIV data from before that.
- Riker's Island is included as part of West Queens for cases that are diagnosed on the island.
- Reasons for the higher death rates could include higher incidence of delayed diagnosis and other co-factors (e.g., incidence of hepatitis C infection among IDUs).
- Having more specific data than UHF data (e.g., by ZIP code) is more useful.
- DOHMH is examining why there is a decline in new diagnoses when there has been a big push to increase testing (this is partly due to the lag in reporting).
- DOHMH is aware that they are undercounting homeless people, since they rely on providers reporting the housing status of their patients. Also, people in shelters are not counted as homeless.

Agenda Item #4: Planning Council Updates

<u>*HRSA TA Assessment Report*</u>
Mr. Park and *Mr. Lesieur* reported that the Executive Committee (EC) met last week to discuss the HRSA TA Assessment Report. They are requesting HRSA to return to answer some questions about the recommendations, and in the meantime, the EC is developing an action plan to address the issues identified in the report.

<u>*LTI Trainings*</u>
Mr. Park reported that, partly in response to the need for more intensive training identified in the TA report, the Leadership Training Institute (LTI) is offering small group trainings on several topics to all Council and committee members. New committee members appointed during the current recruitment will be included.

Mr. Wong announced the training schedule: Jan. 10 (Understanding Community Planning), Jan. 12 (Using Data for Planning), Jan. 21 (the Priority Setting Process), and Jan. 25-6 (Working Effectively in Groups).

<u>*Committee Updates*</u>
Dr. Hildebrand reported that the Needs Assessment Committee has a new co-chair, Ms. Piñon. Recent work included a presentation on unmet need from Ms. Hilger. The Committee will be working with DOHMH on a 2-year full needs assessment study, including a provider resource inventory.

Dr. Rothschild reported that the Integration of Care Committee has been working on revising the guidance for early intervention services.

Ms. Gilborn announced that the Priority Setting & Resource Allocation Committee, with new co-chair Mr. Vergara, will meet in January to do FY 2011 scenario planning. This will be followed in the spring by the annual priority setting, resource allocation and reprogramming process.

Mr. Eddie reported that the Consumers Committee met yesterday, where they heard the epidemiology update given earlier today. They also provided feedback on community advisory board (CAB) survey, and identified future topics for discussion, including health care reform, treatment updates, HIV and aging, ADAP, and new avenues for consumer input.

Ms. Carroll: Ms. Carroll reported that the PLWHA AG elected its co-chairs, had a passionate discussion on the HRSA TA report, and had a presentation from the AIDS Institute's Karen Timour on ADAP. She thanked Mr. Lesieur for attending the meeting.

Mr. Mercado reported that the Rules & Membership Committee is examining two bylaws issues: vacancies in officer positions, and the role of the consumer at-large representative to the EC.

Mr. Vergara reported that the Finance Committee met Dec. 10 to review three commitment and expenditure reports. After close-out, underspending for the FY 2009 MAI grant year (August 1, 2009 to July 31, 2010) was a total of $255,401 (3%). There is no restriction on the amount of carry-over allowed for MAI, but the grantee policy is to keep it under 8%. A carry-over request has been submitted to HRSA to reallocate the unspent dollars to ADAP, as per the Council's reprogramming plan.

For the FY 2010 MAI award, as of August 31, 2010, 97% of the MAI grant had been committed, leaving $257,777 available for reprogramming, and 73% of the grant was unspent. About half of the uncommitted amount is due to Maintenance in Care contracts ending on July 31, 2010. The rest is in Care Coordination, due to the termination of one contract and the difference between the value of the deliverables and the pro-rated MRA. The report shows100% under-spending in ADAP (column O, row 9), but only because the State has not yet reported its spending which is expected in the next report. Early Intervention Services and Housing Placement under-spending appear to be high only because the report includes just one month (August 2010) of expenditures for these programs.

For the FY 2010 base award, As of August 31, 2010, 99% of base funds were committed, leaving $874,909. Year-to-date under-spending is 54% (compared to 52% at this time last year), which is on target. In Care Coordination, the uncommitted funds resulted from two contract terminations, the addition of three new contracts with August 1st start dates, and small enhancements to a couple of programs. The category will be fully committed for FY 2011 once the new contracts are annualized. The uncommitted amount in Mental Health Services is from contract termination and take-downs.

Care Coordination programs are 67% under-spent, due to some challenges with client enrollment. It is also incorrect to expect that programs in this category will spend 6/12th as of August since they are deliverables-based and the values and completion dates of the deliverables vary. There will be a presentation to the full Council on this category at a future date.

Mr. Lesieur and *Ms. Gilborn* added that the Finance Committee is closely watching spending in Care Coordination due to the large amount of money allocated to this category.

Ms. Hilger explained that, since moving to electronic billing, the State has reduced the time from receipt of request for reimbursement to payment which means that timing for reallocating funds to the State for ADAP and ADAP Plus is very limited and more than likely, not possible at close-out. The grantee and master contractor will work closely with the State around timing for shifting funds to ADAP and ADAP Plus. The grantee and master contractor will also work to identify potential under-spending prior to closeout. The Council may also consider revising the reprogramming plan to add additional funds to the initial ADAP allocation above the "restoration" of the ADAP pools, since the possibility of the ADAP pools mopping up underspending at the end of the year (after other reprogramming items are funded) will be limited.

Ms. Miller added that the grantee has special tracking for Care Coordination and can get the State unspent funds early so they can absorb as much as possible under the reprogramming plan..

Mr. Vergara also reported that the Finance Committee discussed the criteria that the grantee and Public Health Solutions uses for enhancements to over-performing contracts under the reprogramming plan. The criteria are applied uniformly across all categories, while mindful of the constraints of the 75% core services requirement and the 15% flexibility the Planning Council provides the grantee for shifting funds between service categories. There

was a lack of understanding on whether the 15% cap on moving funds between categories applied only to increases, or to both increases and decreases. The 15% cap has only applied to increases to categories and not decreases.

At the next meeting of the Committee, there will be a discussion on how the Council fulfills the requirement to "assessment efficiency of the administrative mechanism", and whether the reporting to the Finance Committee and Council is sufficient. The Committee will also review a report from the grantee on the spending of the Council support budget through November 2010.

Mr. Lindsey reported that the Policy Committee, now co-chaired with Dr. Cahill discussed Governor-elect Cuomo's choice for State Health Commissioner, and the Part B application. They also discussed the new DOHMH PSA and drafted a letter to Mayor Bloomberg objecting to the :PSA as using fear-based tactics that stigmatize gay men, and recommending that the PSA be withdrawn.

The PSA was shown to the Council. *Mr. Lesieur* noted that the National Association of People With AIDS also opposes the PSA, saying that it will discourage testing and increase stigma.

Mr. Park explained the DOHMH position, that the PSA was tested in focus groups, and is just one way of approaching the issue. It is meant to addresses complacency, especially among young gay men of color, who may think HIV is an easily manageable infection with few consequences. It is part of a DOHMH strategy that includes PSAs to combat smoking, obesity, etc. Dr. Monica Sweeney has responded publicly to the concerns, saying that the PSA will not be discontinued, and that it has been effective in getting people to talk about HIV.

Mr. Vergara said that, while well intentioned, fear-based campaigns are ineffective and increase stigma. *Ms. Carroll* and *Pastor Payne* added that the PSA is counter-productive and will discourage people from many communities from getting tested. A motion was made to accept and send the letter. The motion was seconded and approved.

Agenda Item #5: Grantee Report

Ms. Hilger presented the preliminary carry-over request, approved by the EC, to be sent to HRSA this month. This is a formality, as EMAs need to have a request on record with HRSA in order to receive carry-over later. The request says that the EMA may have up to $4.2M in unspent FY 2010 funds to be used for ADAP. The exact amount will be known after close-out and will be brought back to the Council in the spring. A motion was made, seconded and passed unanimously to approve the carry-over request.

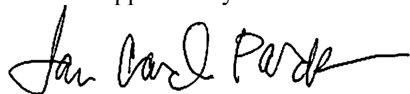
Ms. Hilger also reported that the FY 2011 contract renewals (starting March 1, 2011) are underway. The grantee and administrative agency is also negotiating the contracts awarded under the recent RFP for Food & Nutrition Services, Transitional Care Coordination and Youth Early Intervention Services, which will begin on March 1, 2011.

Agenda Item #6: Other Business

Dr. Marder announced that volunteers are needed for the City's annual HOPE Count, a census of the street homeless population. There was a significant increase in this population in the past year. The City needs to know how many people are living on the streets in order to shape policy and direct funding.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on January 20, 2011



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Jan Carl Park, MA, MPA
Governmental Co-chair